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FOR ACTION

RECOMMENDATION FOR SUPPLEMENTARY FUNDING FOR PROGRAMMES IN THE AFRICA REGION WITHOUT RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES*

SUMMARY

The present document contains recommendations for supplementary funding in countries in the Africa region for which no recommendations for funding from general resources are requested at the 1992 Executive Board session. The project proposals submitted here are aimed at expanding or complementing ongoing programmes in the countries concerned. The Executive Director recommends that the Executive Board approve supplementary funding in the following amounts for the projects listed below, subject to the availability of specific-purpose contribution.

Country/programme	Amount (United States dollars)	Duration
Ghana	2 000 000	1992-1995
Uganda	13 690 000	1992-1995
Zimbabwe	10 275 000	1992-1994

Summaries of individual recommendations follow. A table setting out the planned annual phasing of expenditure for each supplementary funding proposal is given at the end of the document.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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I. GHANA

Basic data (1990 unless otherwise stated)

U5MR: 140	Child population (0-15 years): 7.1 million
IMR: 86	Literacy (male/female): 70/51 per cent
GNP per capita (1989): $390	Access to health services (urban/rural): 92/45 per cent

One-year-olds fully immunized against:

Tuberculosis:	81 per cent
Diphtheria/pertussis/tetanus:	56 per cent
Measles:	60 per cent
Poliomyelitis:	56 per cent

Pregnant women immunized against:

Tetanus:	33 per cent

Education for all

1. In 1991, the Executive Board approved a basic education programme for the period 1991-1995 as part of the country programme of cooperation for Ghana. The programme addresses the shortage of material resources needed to support the national functional literacy programme; the lack of a national policy on pre-school education; the inadequacy of pre-school care, particularly in rural communities; and issues relating to the design and production of instruction manuals and supplementary reading materials in primary and junior secondary schools. It is coordinated with a social mobilization programme to equip illiterate adults, particularly women, with the basic knowledge and skills required to enhance their own welfare and that of young children.

2. This proposal is designed to extend the current basic education programme and enhance the social mobilization programme through "third channel" activities to disseminate basic knowledge and learning skills to the society at large. Monitoring and evaluation of the education for all interventions will be fully integrated with similar activities already planned within the country programme. The proposal seeks to enhance the learning environment, improve the quality of education and provide increased access to learning through expanded basic education services.

3. Having ratified the Convention on the Rights of the Child, the Government of Ghana further demonstrated its commitment to children through its participation at the World Conference on Education for All and at the World Summit for Children. Ghana is also one of the few countries in Africa that is implementing education reforms as part of its package of social sector initiatives under an economic recovery programme.

4. Participation in basic education currently varies considerably, depending on location, economic status and gender. While the national gross enrolment rate in primary schools is 73 per cent, enrolment in the three northern regions is less than 50 per cent. Schools are neither equitably distributed nor properly equipped. The fact that only 51 per cent of boys and 42 per cent of girls actually complete primary education shows the low efficiency of the school system as well as parents' perception of the relevance and quality of schooling.

5. Basic education in Ghana is defined as the first nine years of formal education (primary and junior secondary education) for children six years of age and above. The heavy focus on basic education has meant that pre-school education has received little attention. As a result, only 10 per cent of children between the ages of three and six years currently attend public and private pre-schools. Adding to this problem is the fact that existing pre-school facilities are concentrated in urban areas, where only one third of the total population resides. The access of rural children to pre-schools is, therefore, very limited.

6. Supplementary funding in the amount of $2 million is requested for the period 1992-1995 to support activities in three areas: strengthening the capacity to implement pre-school education; enhancing child literacy; and expanding "third channel" activities.

Pre-school education: early childhood development project

7. The objective of this project is to improve, promote and establish pre-school education as an important preparation for universal primary education by reformulating policy and building institutional capacity. It will aim to develop guidelines, revise the curriculum, enhance and expand pre-school teacher training, and develop and provide teaching materials. The teacher-training component, in particular, will be closely linked with the training of both community-based day-care attendants and formal basic education teachers. The project will help to increase the enrolment of four- to six-year-old children from 425,000 in 1991 to a minimum of 750,000 by 1995.

8. Specific actions will include:

(a) The development of policy guidelines that integrate pre-school education into universal primary education;

(b) The revision of the pre-school curriculum and development of appropriate teacher-training materials;

(c) The production of relevant training materials for teachers and pupils;

(d) The establishment of teacher-training and resource centres at the district level. Strengthening the training capacity of the Ministry of Education will also be emphasized, in line with initiatives already under way for training basic education teachers. These activities will support efforts to decentralize the education system to the district level, in accordance with national policy, and will help to ensure the sustainability of in-service training of both basic education and pre-school teachers.

Child literacy: non-formal education project

9. Although many children in Ghana have had at least some formal schooling, according to official estimates only about two thirds of primary-school-age children (6-11 years of age) are enrolled in schools. Of those who do enrol, 27 per cent of boys and 35 per cent of girls drop out before completing primary education. Given present trends, the total number of child illiterates is expected to increase. The recently introduced national functional literacy programme responds to the literacy needs of adults and is not designed to meet the needs of illiterate children. This limits the retention and learning of children enrolled in the programme. Furthermore, it is not designed to equip participating children to re-enter the formal education system once they have achieved literacy.

10. At present, only a limited number of non-governmental organizations (NGOs) and religious organizations are actively engaged in working with out-of-school, illiterate children. Each of these agencies has developed on an ad hoc basis its own literacy materials and training programmes for facilitators. The proposed activities will seek, by 1995, to extend literacy initiatives to approximately 1 million children, or over one third of the estimated 2.8 million illiterate children targeted by the Ministry of Education's Non-Formal Education Division. Priority will be given to increasing awareness of the problem of child illiteracy among policy makers and the general public. Efforts will also be made to improve the coverage and quality of activities by supporting the development and production of child literacy materials for use by the Government and NGOs.

11. Specific interventions will include:

(a) An evaluation of literacy and education activities targeted to out-of-school children, to provide documentation for programme planning purposes;

(b) The formulation of programming strategies for literacy, paying particular attention to the needs of special groups such as shepherd boys, out-of-school girls and street children;

(c) The development of child literacy materials and appropriate teaching methodologies;

(d) The production of basic literacy and post-literacy materials to support NGO initiatives and children's libraries.

12. These interventions will be fully integrated with efforts to improve health and nutrition education, as well as the acquisition of employable skills by children under 15 years of age. Learners will be encouraged to join the mainstream of the formal basic education system once they have achieved basic literacy. The project will be implemented by the Ghana National Commission on Children and NGOs, under the coordination of the Ministry of Education.

"Third channel": non-formal education project

13. In keeping with the Jomtien Declaration on Education for All, the Ministry of Education views learning as a lifelong process and attaches considerable importance to "third channel" methods that go beyond formal education to meet these needs. A major constraint has been the lack of appropriate messages for dissemination. In the health area, Facts for Life messages have been suitable, but such messages are not as yet available for basic education. In addition, relatively little attention has been paid as to how to use more effectively "third channel" media to support basic education.

14. In order to complement formal and non-formal education methods, "third channel" activities will seek to mobilize nationwide interest in learning, as well as to impart basic knowledge and skills to teachers, parents and school-age children. They will support action research to design an educational equivalent of Facts for Life containing simple, readily understood messages on early childhood development, pre-school and primary school education and literacy. Particular emphasis will be given to designing and disseminating messages on issues such as early childhood stimulation, the role of pre-schools, the importance of educating girls, learning for survival and child-teacher interactions. The messages will then be adapted for dissemination through videos, regional drama shows (in local languages), soap operas on child survival and development and other educational themes, using traditional performances and materials prepared by leading Ghanaian musicians.

15. Other activities will include the continuation of teacher training through a radio soap opera series and the integration of communication forums created at the local level by the network of social mobilization committees. UNICEF assistance will be used to reinforce the education reform process, highlighting specific concerns such as poor access to education for specific target groups.

II. UGANDA

Basic data (1990 unless otherwise stated)

U5MR: 164	Child population (0-15 years): 9.7 million
IMR: 99	Literacy (total/male/female): 48/62/35 per cent
GNP per capita: $250	Access to health services: N/A

One-year-olds fully immunized against:

Tuberculosis:	99 per cent
Diphtheria/pertussis/tetanus:	77 per cent
Measles:	74 per cent
Poliomyelitis:	77 per cent

Pregnant women immunized against:

Tetanus:	31 per cent

Expanded programme of communication for the control of acquired immune deficiency syndrome (AIDS)

16. AIDS is currently the leading cause of death among Ugandan adults, and the sixth leading cause of death in children under five years of age. Some 10 per cent of the total population of 18.8 million have tested positive for the human immunodeficiency virus (HIV), and the number of reported AIDS cases doubles every 8-12 months. The disease is widely distributed in both rural and urban areas, with infection rates varying from 30 per cent in Kampala to 40-50 per cent in Rakai District (the so-called gateway of AIDS in Uganda) to 5 per cent or less in some of the northern rural areas. There are also increasing numbers of AIDS orphans. Every productive sector of society is affected by this disease.

17. On the positive side, the Government is seriously committed to waging a concerted war against this disease. The establishment of the intersectoral Uganda AIDS Commission was a recognition of the fact that AIDS control extends beyond the purview of health professionals alone. The Government is open about AIDS and is working with donors to develop a variety of new AIDS-related projects. While donors such as the United States Agency for International Development (USAID), the European Community and the World Bank are providing other specific inputs, UNICEF has been requested to contribute to this effort in the field of communication for AIDS prevention and control.

18. Evidence from countries in Europe, the United States, Haiti and Zaire indicates that HIV prevalence rates can be stabilized even in populations with high infection rates, provided proper preventive measures are implemented.

19. A two-pronged approach for channelling UNICEF assistance to Uganda for AIDS control is envisaged:

(a) Immediate emergency action to assist the Government in increasing people's knowledge about the transmission and control of HIV/AIDS through the promotion of attitudinal and behavioural changes and using all possible ways and means of disseminating information, as well as campaigns and social mobilization and communication techniques;

(b) Long-range efforts to "Save the Youth from AIDS" (the name of the campaign), using children between the ages of 5 and 15 years as an "entry point" to launch a concerted campaign to safeguard youth from AIDS. Based on systematic and massive education and modern communication techniques, the project will launch an affordable, feasible and quantifiable set of activities that could lead to massive reductions in HIV infections.

20. To bring about successful changes in sexual behaviour and attitudes, a number of possible approaches and strategies need to be attempted. At first, small-scale, targeted approaches could be developed through the active participation of the targeted groups. Such targeting allows the contents of the message to be made socially and culturally acceptable, the correct "need" or "issue" to be addressed and the perception of social pressures from peer groups, etc., to be taken into account. Secondly, AIDS education in schools should be increased. Among schoolchildren, there is a real potential to change attitudes and behaviour before peer group pressure begins or beliefs and values are very solidly formed.

21. The above-mentioned strategies should be promoted directly, possibly through visual and theatrical means. Songs and plays could be particularly effective for those with less formal education. Posters in the local language or the use of visual images depicting the deterioration caused by AIDS and its deadly consequences might be more effective.

22. Approaches for reaching young people could be through interpersonal interactions and communication; peer-to-peer contacts; NGOs; community-based organizations; religious leaders; parliamentarians and district administrators; parental involvement; the mass media, including radio, newspapers, television, drama, music, songs, plays, mobile videos and puppet shows; the district- and community-based network of schools; and health education programmes, youth associations and boy scout and girl guide networks.

23. The ongoing Ugandan AIDS information, education and communication (IEC) campaign has shown that communications to date have been effective for imparting knowledge, but not for changing behaviour. There is some consensus that behavioural change will require effective interpersonal contact, with repeated reinforcement. Avenues of support to reach the community-based organizations should be identified.

24. The programme will target young people between the ages of 10 and 19 years for two reasons: HIV infection increases roughly six times between

the 15-19 and 20-29 year age-groups; and there is a five-to-one ratio in the number of HIV-positive females to HIV-positive males in the 15-19 year age-group because these girls are the targets of advances made by older HIV-positive men. In order to avoid HIV transmission to the 10- to 19-year-olds and other negative consequences of premature sexual activity (teenage pregnancies, low birth weight, HIV-positive babies), it is essential that the 10-19 year age-group be provided with essential information and skills before and while they become sexually active. A new set of social mores could thus develop, hindering the spread of HIV. In addition, improved health education for mothers and mothers-to-be will aim to reduce HIV transmission during pregnancy and lactation. Other high-risk groups will be identified through operational research conducted by the programme.

25. The overall programme objective is to reduce the transmission of HIV and other sexually transmitted diseases (STDs) by strengthening and expanding national planning capacities and by implementing communication strategies to promote appropriate behaviour among the present and future sexually active population. The immediate objectives of the programme are to assist the Government and NGOs:

(a) To increase the average age of first sexual intercourse by two years, from 14.5 to 16.5 years, as well as to decrease HIV transmission in the 10-19 year age-group by 80 per cent by 1995;

(b) To increase knowledge among the sexually active population, and those who are about to become sexually active, about HIV status, the availability of HIV testing facilities, the means of HIV transmission, the personal risk and consequences of contracting HIV and the availability of a variety of relatively safe options, including but not limited to abstinence, monogamy and the avoidance of sexual contact with members of high-risk groups and persons of unknown HIV status;

(c) To increase the percentage of the sexually active population who recognize and know where to be tested for STDs, know how to take an effective course of treatment and are motivated to be treated, either at a clinic or through community-based action;

(d) To increase women's knowledge of how HIV can be transmitted from mother to child during pregnancy and lactation.

26. All activities in the new communication programme will conform to an operational guideline that links specific activities to the overall strategy of promoting behavioural change within targeted groups, and bases messages on research and consultations. Adherence to the guidelines will ensure that each component of the programme has a clear relationship to the programme objectives in Uganda. The programme will support the transfer of knowledge to specific audiences. Interrelated messages, using a wide range of formal and informal communication channels, will be developed, used and strengthened.

27. Interpersonal and group communication through community-based groups will be the main approach for empowering individuals and groups to change their behaviour.

28. Knowledge of people's current behaviour, perceptions, needs and constraints are important in promoting behavioural changes. This information will be used in messages and two-way communication, which will be obtained from existing studies and research commissioned by the programme. A system of comprehensive pre-testing and programme monitoring will provide feedback on the clarity, diffusion, effectiveness and usefulness of the messages.

29. Present behaviour will be documented, together with an analysis of the factors that shape the behaviour of target groups and the factors that enable or constrain behavioural change. Communication strategies will present a set of acceptable and relatively safe behavioural options and develop the skills needed to adopt safer behaviour.

30. The programme will also cooperate with the Futures Group (consultants to USAID, who developed a computer-generated projection model on the impact of AIDS in Uganda and various prevention strategies) to develop a series of video tapes of the AIDS projection model for use at various policy-making levels.

31. The Uganda AIDS Commission will serve as the liaison between the programme and other organizations involved in AIDS work. Coordination through the Commission is needed to ensure that all effective AIDS-prevention and control methods are used, and that conflicting or confusing strategies and messages are avoided. UNICEF will support the programme by working with government ministries (information, health, planning, education), media organizations, research institutes, religious institutions, schools, NGOs and community-based organizations.

32. The programme will build national capacity in monitoring and evaluation of programming for communication and behavioural change. In-depth knowledge of present behavioural motivation and the personal and social circumstances surrounding sexual behaviour require further investigation. Many of the initial programme strategies will have to be adjusted and new ones defined through careful monitoring of both the process and evaluation of programme activities on the problems of AIDS.

33. Monitoring will be measured through yearly sample surveys of prescribed age-groups in randomly selected areas covered by the campaign. Special focused epidemiological and behavioural change studies over a five-year period would include children and young people in the following age-groups: 5-9; 10-14; 15-19; and 20-24 years. Assuming that children between the ages of 5 and 15 are "clean" of the disease, a concerted effort to change the sexual behaviour and attitude of the 10 to 15 year-age group over a five-year period should lead to a significant reduction of HIV infection and other associated diseases by the time this group is 15-20 years of age, as compared with the current rate of infection in the same age group.

III. ZIMBABWE

Basic data (1990 unless otherwise stated)

U5MR: 87	Child population (0-15 years): 4.6 million
IMR: 61	Literacy (male/female) (1988): 74/60 per cent
GNP per capita: $640	Access to health services: 71 per cent

One-year-olds fully immunized against:

Tuberculosis:	90 per cent
Diphtheria/pertussis/tetanus:	90 per cent
Measles:	85 per cent
Poliomyelitis:	90 per cent

Pregnant women immunized against:

Tetanus:	80 per cent

AIDS control

34. As in many African countries, the number of AIDS cases reported in Zimbabwe has been increasing rapidly in recent years, with a cumulative total of 8,926 cases reported as of the end of September 1991. Some 20 per cent were in children under five years of age. Particularly worrying is the fact that among the 15-29 year age-group, AIDS cases in women outnumber those of men. While no reliable figures exist for the total number of HIV-infected persons, government epidemiological predictions, using a base figure of 8.1 per cent of the population, projected 574,000 cases in 1991, with other estimates ranging from 400,000 to 1 million. Almost all HIV infections in Zimbabwe are transmitted through sexual intercourse or by infected mothers to their unborn and newborn children.

35. The incidence of STDs in Zimbabwe is also increasing, with over 1 million cases reported annually in recent years and approximately 960,000 in the first half of 1991 alone. Many cases, particularly in women, go unreported and untreated. The control of STDs is thus an essential part of the control of HIV transmission in Zimbabwe. The use of safe sexual practices, including condoms, has been shown to prevent the transmission of HIV and other STDs.

36. In Zimbabwe, awareness of AIDS is fairly high in various population groups. However, knowledge has not been personalized and there is still widespread denial as to the levels of HIV in the country, despite strong advocacy from the highest levels of Government. To contain the epidemic, the sexually active population must change its personal behaviour.

37. Zimbabwe has tremendous potential for a successful AIDS-prevention programme, building on initial efforts which have been developing since 1987.

There is a well-developed formal education system, a wealth of local media talent and a well-developed rural radio system with a large listenership; a wide network of well-functioning STD clinics and a plan for strengthening the management of STDs; the highest rate of condom acceptance in Africa; a safe blood supply; and high-quality technical expertise. In addition, Zimbabwe has a highly committed Government, with an IEC Section within the Ministry of Health's AIDS Coordination Programme to oversee the dissemination of information about AIDS.

38. The overall goal of this project is to reduce AIDS mortality in women and children by reducing HIV transmission. By the end of 1993, the project aims to increase the proportion of schoolchildren, students in higher education, out-of-school youths, parents, teachers, politicians and political leaders who have accurate information about AIDS, HIV transmission and the importance of the disease to themselves; to decrease high-risk behaviour among adolescents; and to increase the proportion of rural women with STDs seeking treatment for those conditions.

39. Information campaigns, group counselling and behaviour modification programmes aimed at the adoption of safe sex practices by adults should have some impact on the spread of HIV infection in Zimbabwe over the next few years. Experts have recognized that in order to effect significant, long-term changes in sexual behaviour, efforts must focus on educating pre-pubescent children and, to a lesser extent, adolescents who are beginning sexual experimentation. For adults, the risk of contracting HIV can be reduced by aggressively promoting condoms and by early treatment of STD infections.

40. Therefore, the UNICEF strategy for IEC inputs to support national AIDS control efforts has three themes:

(a) The creation of an environment supportive of behavioural change, as well as of rising awareness of the needs of AIDS victims;

(b) Changes in adolescent sexual behaviour;

(c) Reduction of risk from sexual contact.

41. The main activities proposed to support this strategy include:

(a) Strengthening the AIDS Coordination Programme of the Ministry of Health, especially the IEC Section, through the temporary support of staff and the provision of supplies, equipment and logistical support;

(b) Use of the strong educational system and the national communication network to influence the behavioural patterns of future adults in order to reduce significantly unsafe sexual contacts. Learning materials will be developed, not only giving information related to STDs, HIV and AIDS, but also emphasizing the strengthening of women's rights and other topics related to life skills. The materials will be developed with inputs from students themselves, as well as people with AIDS and first-class local writers.

Traditional means such as books and teaching guides will be used, in addition to innovative approaches including videos, audio cassettes, drama groups and peer counselling;

(c) Use of the mass media in order that all people recognize that AIDS is a problem that must be faced in their own lives. Imaginative and sophisticated message design aimed not just at dispersing information, but at promoting behavioural change, will be undertaken. With support from UNICEF and the World Health Organization (WHO), a special advocacy programme will be organized to provide additional relevant information to government officials and NGO leaders and to promote their use of this knowledge to stimulate discussion and action in their constituencies;

(d) The development of various educational packages for use by the many existing NGOs, churches and women's groups. Sets of high-quality, field-tested learning materials suitable for semi-literates in rural areas will be developed. These packages will be distributed widely to all interested agencies with community-based networks of discussion groups. To ensure appropriate utilization of the materials, a series of "training of trainers" workshops for group leaders will be held in each district. These leaders can then work in their communities to promote interactive discussion at the grass-roots level;

(e) The formation of a multidisciplinary team of local resources with a "think tank" in order to monitor the project's impact, consolidate and operationalize the lessons learned about behaviour modification and prioritize information needs. This group will meet regularly to promote the exchange of information and the implementation of research findings into the project. The project will initially support an innovative effort by the University of Zimbabwe to target commercial sex workers, hostel dwellers and others at highest risk in a large low-income town. Lessons learned from this experience will be shared with other city councils and other countries. Another initial priority will be to develop effective approaches for home-based STD treatment by community workers.

42. All project activities will be undertaken in collaboration with the IEC Section of the national AIDS Coordination Programme, as well as with other governmental and non-governmental bodies, as appropriate. Educational activities will be developed with the Ministries of Education and Culture and of Higher Education. Mass media efforts will involve the Ministries of Education and Culture and of Information, the Zimbabwe Broadcasting Corporation, the Zimbabwe National Family Planning Council and other agencies. UNICEF will collaborate with the Zimbabwe AIDS Network and the National AIDS Council for NGO-related activities.

Project targets

43. The project will focus on strengthening AIDS coordination through supporting three IEC staff in the AIDS Coordination Programme. In the field of education, it will produce 60,000 teachers' manuals and support materials,

20,000 teaching kits and 200,000 booklets for each grade; carry out orientation courses and distribute materials to 48,000 teachers and regional and district officers; develop and distribute learning materials for 150,000 non-formal students, 100,000 adults in literacy classes and 15,000 pupils in refugee camps; develop training packages for tertiary institutions for use by 20,000 lecturers, trainers and trainees/students; establish five (one central and four regional) AIDS education resource centres; and produce six radio and video prototype educational programmes for field testing.

44. Communication and advocacy work will focus on producing and exhibiting nine 16-millimetre films for a target audience of 3.6 million; producing and broadcasting 12 radio dramas for a target audience of 4.5 million; producing four radio programmes aimed at various target audiences; holding workshops for at least 150 political or opinion leaders; and producing and distributing 500 special kits for such leaders. With regard to NGO activities, the project will produce and distribute 25,000 teaching kits for NGO group leaders, hold at least 55 district-level "training of trainers" workshops and produce and distribute five video training sets on different social aspects of AIDS for appropriate groups. In order to assess the impact of the programme, it will initiate one behaviour modification programme with high-risk groups in a low-income town, and develop one research project on community-based STD treatment.

45. This project is part of the AIDS Coordination Programme presented by the Ministry of Health to donors in November 1991. It has been developed with the participation of the Programme's staff and the local WHO office. It forms a large part of the IEC activities of the AIDS Coordination Programme in Zimbabwe, and complements other programme activities such as STD control, blood transfusion services and health worker training. Two aspects of the project, the strengthening of the IEC unit of the AIDS Coordination Programme and the operational research/monitoring component, will be implemented jointly with WHO.

46. Project monitoring by UNICEF staff will take place on a routine basis through field visits and meetings with the "think tank" and the AIDS Coordination Programme in the Ministry of Health, with the participation of other bodies such as the National AIDS Council. Baseline information on adolescent awareness levels and behaviour will be obtained from existing and current research or, if necessary, through special surveys. An impact assessment will be conducted after two years.

Estimated annual expenditure

(In thousands of United States dollars)

Country/programme	1992	1993	1994	1995	Total
Ghana					
Education for all	348.5	843.5	571.5	236.5	2 000.0
Uganda					
AIDS control	3 803.5	3 712.5	3 233.5	2 940.5	13 690.0
Zimbabwe					
AIDS control	4 292.0	2 828.0	3 155.0	-	10 275.0
Total	8 444.0	7 384.0	6 960.0	3 177.0	25 965.0